

CF

STATEMENT OF: **MATTHEW C BLANK** FIRST NAME LAST NAME  
PCT. **10** ACCIDENT NO. **408-892-8847** COMPLAINT

RESIDENCE ADDRESS: **61 Bayard St #14 N.Y.C. N.Y. 10013** RESIDENCE TEL. NO. **408-892-8847** BUSINESS TEL. NO.

LOCATION OF INTERVIEW: ☐ SCENE OF ACCIDENT ☐ STATION HOUSE ☒ OTHER (DESCRIBE) **TELEPHONE** TIME OF REPORT **0430** DATE **2/26/07**

IDENTITY OF ABOVE NAMED PERSON: ☐ OPERATOR OF VEH. NO. ☐ PASSENGER IN VEH. NO. ☒ COMPANION OF VICTIM ☐ PEDESTRIAN ☒ WITNESS DATE OF BIRTH **01-09-83** AGE **24**

DATE OF ACC. **2-25-07** TIME **2120** LOCATION **W/B 37ST to S/B 9AVE** ACCIDENT INVOLVED ☐ DEATH ☒ PERSONAL INJURY

**QUESTIONS FOR WITNESS, PASSENGER OR PEDESTRIAN ONLY**

Did you see the accident? ☒ Yes ☐ No  
Where were you at the time of the accident? **WE WERE WALKING E/B ON 37ST CROSSING 9TH AVE.**

Do you know any of the persons involved in this accident? ☒ Yes ☐ No  
If yes, whom? **SABRINA**

At the time of the accident, was your visibility obstructed in any way? ☐ Yes ☒ No **Heavy snow**

If yes, describe: **Who was with you at time of accident? SABRINA**

**BELOW QUESTIONS TO BE ANSWERED IN ALL CASES, WHETHER SUBJECT IS OPERATOR, PASSENGER, PEDESTRIAN OR WITNESS**

Briefly describe this accident? **WE WERE CROSSING 9TH AVE AT 37ST. WE WERE GOING FROM WEST TO EAST. WE WERE HEADING TOWARD THE VINTAGE BARON 52ST AND 8TH. I WAS HOLDING AN UMBRELLA. IT WAS SNOWING, WE HAD THE GREEN LIGHT. THE UMBRELLA WAS UP, HIGH NOT BLOCKING OUR SIGHT. ALL OF A SUDDEN THE PLU TRUCK CAME AROUND THE TURN AND HIT SABRINA. AS SOON AS SHE GOT HIT SHE FELL, THE TRUCK STOPPED.**

What was the cause of the accident? **THE DRIVER GOT RIGHT OUT AND ASKED FOR US. WE WERE O.K. 10% US NOT LOOKING / 90% HIM MAKING A TURN NOT GIVING US THE RT OF WAY**

INSERT ANSWERS PERTAINING TO EACH VEHICLE UNDER APPROPRIATE COLUMN	VEHICLE NO. 1	VEHICLE NO. 2	VEHICLE NO. 3
License plate No.	<b>I DON'T KNOW</b>		
Make, type and color of vehicle	<b>PICKUP TRK / DARK /</b>		
Direction of travel and on what street	<b>W/B 37ST to S/B 9TH AVE</b>		
Speed of vehicle(s) involved	<b>15 MPH</b>		
Was vehicle subject to traffic control devices, signal lights, signs, pavement markings, etc.?	<b>HE HAD THE LIGHT AND WE HAD THE LIGHT</b>		
Did vehicle swerve or turn to avoid contact?	<b>I NEVER SAW HIM COMING</b>		
Immediately prior to accident, was any signal given? (horn - hand - other)	<b>MAYBE</b>		
What lights on vehicle were lighted?	<b>I DON'T REMEMBER</b>		
What were the points of impact?	<b>THE FRONT BUMPER (HIT HER SHOULDER TO H)</b>		
At time of accident, were there any other vehicles on the street in the vicinity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	<b>VERY FEW</b>		<b>AND THEN SHE FELL TO THE GROUND</b>
In what direction was pedestrian (if any) going? <input checked="" type="checkbox"/> With signal light <input type="checkbox"/> Against signal light <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Running <input type="checkbox"/> Standing	<b>(FAST PACE)</b>		
Accident occurred during <input type="checkbox"/> Daylight <input type="checkbox"/> Dawn <input type="checkbox"/> Dusk <input checked="" type="checkbox"/> Darkness	Weather Condition <input type="checkbox"/> Clear <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input checked="" type="checkbox"/> Snow		Other (Describe)
ROADWAY LIGHTED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Road Condition <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Muddy <input checked="" type="checkbox"/> Snowy <input type="checkbox"/> Other		
Obstructions of holes in street <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, describe:		
SIGNATURE OF WITNESS <b>Telephone Interview</b>	RANK <b>DET</b>	SIGNATURE OF INVESTIGATING OFFICER <b>Rooney</b>	TAX REG. NO. <b>887573</b> COMM. <b>HOK</b>